

## DUE DATE CHECKLIST

A. In order to complete a successful Blue Angels air show the following checklist is provided to ensure the timely completion of all required items.

DUE DATES:ITEMS TO BE COMPLETED:**Prior to preseason visit**

- Artificial show line proposal (if required)

**3 weeks prior to preseason visit**

- Appendix B  
Preseason Visit Checklist  
**COMPLETED IN FULL**

**7 days after preseason visit**

- Appendix C  
Fuel Checklist

**90 days prior to teams arrival**

- Appendices D, E, F, G, and H  
(D) Personnel Support Checklist  
(E) Maintenance Support Checklist  
(F) Operations Checklist  
(G) JATO Support Checklist  
(H) FAA Waiver Checklist  
(I) FAA Waiver Application
- Review appendices with Assistant Events Coordinator
- Additional hotel amount (if any) funded by show to Assistant Events Coordinator
- Confirmation letter from hotel

**60 days prior to team's arrival**

- Appendices K, L, M, N, O, P, and Q  
(K) Airfield Diagram Checklist / 3x5 airfield diagram  
(L) Recruiting Support Checklist  
(M) Media Support Checklist  
(N) Media Rider Questionnaire  
(O) Social Function Checklist  
(P) Litho List  
(Q) Thank You List

**30 days prior to team's arrival**

- Appendices R, S, and T  
(R) Narrator's Advance Meeting Checklist  
(S) Obstruction Chart  
(T) Support Manual Compliance Certificate
- Copy of approved FAA waiver mailed
- Schedule ensuring commercial traffic deconfliction.
- Demonstration fee (\$6,000.00 per air show day) mailed and check cleared

**1 week prior to team's arrival**

- NOTAM/TFR issued and confirmed

**1 day prior to team's arrival**

- Meeting with #7 (Narrator)
- Maintenance gear staged
- Transportation staged

**2 weeks after air show completion**

- Appendix U  
(U) Publicity After Action Report

Show Site:

Appendix (B)

## PRESEASON VISIT CHECKLIST

### 1. General Information:

A. Show site: \_\_\_\_\_ Time zone: \_\_\_\_\_  
B. Airfield: \_\_\_\_\_ Date of show: \_\_\_\_\_  
C. Remote demo site location: \_\_\_\_\_  
D. Date of visit: \_\_\_\_\_  
E. Arrival time: \_\_\_\_\_ Meeting time: \_\_\_\_\_ Departure time: \_\_\_\_\_  
F. Brief room location: \_\_\_\_\_ Briefing room phone: \_\_\_\_\_  
G. Air Show Coordinator: \_\_\_\_\_  
Address: \_\_\_\_\_  
Coordinator phone: Wk: \_\_\_\_\_ DSN: \_\_\_\_\_  
Hm: \_\_\_\_\_ CELL/PAGER: \_\_\_\_\_

**Air Show Coordinator and Liason have read, and understand the Blue Angels Support Manual: YES / NO**

### 2. Logistics: (#7 Jet Support)

A. Type of fuel: JP4, JP5, JET A, JET A-1, JET 50 (circle each available)  
Purchased from whom: \_\_\_\_\_ cost: \_\_\_\_\_  
Form of payment: DoD credit card, SF-44, DLA contract (circle card accepted)  
B. Hangar space available: YES / NO Where: \_\_\_\_\_  
C. Runway/ramp swept prior to #7 aircraft arrival: YES / NO  
D. #7 Aircraft parking during preseason visit: N: \_\_\_\_\_ W: \_\_\_\_\_  
(waypoint lat/long and description)  
E. Point of Contact for maintenance gear support:  
1. Local Air Guard Unit POC: \_\_\_\_\_  
UNIT: \_\_\_\_\_  
PHONE: \_\_\_\_\_ DSN: \_\_\_\_\_  
F. Fixed Base Operator: COMPANY: \_\_\_\_\_  
POC: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
GOVERNMENT CONTRACT NO.: \_\_\_\_\_  
G. Proposed hotel accommodations: (if not staying overnight, fill in for proposed accommodations for the team during the actual air show)  
Hotel Name: \_\_\_\_\_ POC: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cost Per Room: \$ \_\_\_\_\_  
County in which hotel is located: \_\_\_\_\_  
Does hotel rate include all taxes and incidentals? YES/NO  
H. Proposed athletic facility: (If not staying overnight, fill in for proposed facility for the team's use during the air show)  
Athletic Facility Name: \_\_\_\_\_ POC: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fees, if any: \_\_\_\_\_  
Hours (Wed-Sun): \_\_\_\_\_  
I. Transportation: MILITARY / RENTAL / COURTESY (circle one)  
(One mid-size car will be necessary if remaining over-night)

### 3. Operations:

A. **Blue print quality diagram with all applicable items\* annotated: YES / NO**  
\* items from Appendix (k) a-m

Show Site:

Appendix (B)

B. If military base: Operations phone: \_\_\_\_\_ DSN: \_\_\_\_\_  
Weather phone: \_\_\_\_\_ DSN: \_\_\_\_\_

C. Flight Service Station phone: \_\_\_\_\_

D. Frequencies:      Tower:      VHF: \_\_\_\_\_ UHF: \_\_\_\_\_  
                         Approach:      VHF: \_\_\_\_\_ UHF: \_\_\_\_\_  
                         Clearance:      VHF: \_\_\_\_\_ UHF: \_\_\_\_\_  
                         Ground:      VHF: \_\_\_\_\_ UHF: \_\_\_\_\_  
                         FBO:      VHF: \_\_\_\_\_ UHF: \_\_\_\_\_

4. Mandatory attendees for the Pre-season Visit: **(NO PO BOX'S)**

A. Air show Coordinator: \_\_\_\_\_ Office: \_\_\_\_\_  
Address: \_\_\_\_\_ Home: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_

B. Blue Angel Liason: \_\_\_\_\_ Office: \_\_\_\_\_  
Address: \_\_\_\_\_ Home: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_

C. FAA Air Show Monitor: \_\_\_\_\_ Office: \_\_\_\_\_  
Address: \_\_\_\_\_ Home: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_

D. Maintenance POC: \_\_\_\_\_ Office: \_\_\_\_\_  
Address: \_\_\_\_\_ Home: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_

E. Security POC: \_\_\_\_\_ Office: \_\_\_\_\_  
Address: \_\_\_\_\_ Home: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_

F. Crash Crew POC: \_\_\_\_\_ Office: \_\_\_\_\_  
Address: \_\_\_\_\_ Home: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_

G. Publicity POC: \_\_\_\_\_ Office: \_\_\_\_\_  
Address: \_\_\_\_\_ Home: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_

Show Site: \_\_\_\_\_

Appendix (B)

H. Airport Manager/Ops Officer:	_____	Office:	_____
Address:	_____	Home:	_____
	_____	Cell:	_____
Email:	_____	Fax:	_____

I. Coast Guard POC:	_____	Office:	_____
Address:	_____	Home:	_____
	_____	Cell:	_____
Email:	_____	Fax:	_____

J. Hotel Manager:	_____	Office:	_____
Address:	_____	Home:	_____
	_____	Cell:	_____
Email:	_____	Fax:	_____

K. Civilian Police POC:	_____	Office:	_____
Address:	_____	Home:	_____
	_____	Cell:	_____
Email:	_____	Fax:	_____

L. Medical POC:	_____	Office:	_____
Address:	_____	Home:	_____
	_____	Cell:	_____
Email:	_____	Fax:	_____

M. USN Recruiting POC:	_____	Office:	_____
Address:	_____	Home:	_____
	_____	Cell:	_____
Email:	_____	Fax:	_____

N. USMC Recruiting POC:	_____	Office:	_____
Address:	_____	Home:	_____
	_____	Cell:	_____
Email:	_____	Fax:	_____

O. Airfield Tower Supervisor:	_____	Office:	_____
Address:	_____	Home:	_____
	_____	Cell:	_____
Email:	_____	Fax:	_____

P. Fuel POC:	_____	Office:	_____
Address:	_____	Home:	_____
	_____	Cell:	_____
Email:	_____	Fax:	_____

Q. Transportation POC:	_____	Office:	_____
Address:	_____	Home:	_____
	_____	Cell:	_____
Email:	_____	Fax:	_____

Show Site:

Appendix (C)

## FUEL CHECKLIST

1. Fuel is requested to be purchased from Government sources. If a Fixed Base Operator (FBO) has a current Defense Logistics Agency (DLA) contract that will be in effect during the proposed air show dates, they shall be tasked by the show with providing the Blue Angels with fuel. If a DLA contract is not available, the fuel price **will not** exceed the current government contract rate.

2. Requirements:

- A. FBO Name: \_\_\_\_\_
- B. Contract number: \_\_\_\_\_
- C. Expiration date: \_\_\_\_\_
- D. Point of contact: \_\_\_\_\_
- E. Phone: \_\_\_\_\_
- F. Fuel type: JET A, JET A-1, JET 50, JP4, JP5, JP8  
(circle each available)

3. In the event that no Government contract fuel is available at your airfield, our Supply Department is required by federal regulations to solicit competitive bids from your local FBO's. Award of this contract is based only on the lowest price, exclusive of other services and facilities offered. Call the Blues Angel Supply Office for further details.

A. Forward the information below to the Assistant Events Coordinator **seven days** following the preseason visit for each FBO at or near your airfield.

- (1) Air Show site: \_\_\_\_\_
- (2) Inclusive dates: \_\_\_\_\_
- (3) Specific airfield: \_\_\_\_\_
- (4) Liaison/Coordinator: \_\_\_\_\_
- (5) Phone: \_\_\_\_\_
- (6) Fixed Base Operator: \_\_\_\_\_
- (7) Point of contact: \_\_\_\_\_
- (8) Phone: \_\_\_\_\_
- (9) Fuel type: \_\_\_\_\_
- (10) Current price: \_\_\_\_\_

B. If we are unable to negotiate a contract, the fuel will have to be transported from a military installation at the air show coordinator's expense.

4. FUEL QUANTITY REQUIREMENT PLANNING:

A. Demonstration Aircraft: (Blue Angels 1 through 6)

- (1) Weekend show (Thur-Sun).....40,000 Gallons
- (2) Saturday show (Thur-Sat).....34,000 Gallons
- (3) Sunday only show (Fri-Sun).....28,000 Gallons

B. Blue Angels C-130 "Fat Albert" support aircraft:

- (1) Normal requirements.....4,600 Gallons
- (2) Each JATO performance add..... 1,000 Gallons

C. Total fuel available at site: \_\_\_\_\_

5. Because of the amount of fuel required by each aircraft and the need to ensure against the breakdown of a single refueler, it is essential that we be furnished with THREE single point refuelers, each with a **5,000 gallon** capacity minimum. Aircraft must be refueled immediately after engine shutdown. Truck fueling pressure should be 45-55 PSI.

A. # of Trucks available: \_\_\_\_\_ Capacity: \_\_\_\_\_

B. Fuel distributor notified to have trucks immediately available after shutdown: YES / NO

C. **One Defuel truck available Thursday – Sunday:** YES / NO

6. All concerned personnel informed that the F/A-18 will be fueled with auxiliary power applied: YES / NO

Show Site:

Appendix (D)

PERSONNEL SUPPORT CHECKLIST

1. Hotel: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_

Driving time from hotel to airfield: \_\_\_\_\_ minutes ; Distance: \_\_\_\_\_ miles

Driving time from hotel to centerpoint (if remote): \_\_\_\_\_ minutes ; Distance: \_\_\_\_\_ miles

Single room rate: \$ \_\_\_\_\_ (tax included)

Double room rate: \$ \_\_\_\_\_ (tax included)

Maximum lodging rate for your city: \$ \_\_\_\_\_ Contact Asst. Events Coordinator if unknown.

A. Letter of confirmation received from hotel: YES / NO

(90 days prior)

B. **Contract signed by Events Coordinator: YES / NO Date signed:** \_\_\_\_\_

C. Letter received from show indicating amount over Military Per Diem the air show will be responsible for:  
YES / NO / NA

D. Tax Exempt form accepted: YES / NO

E. Double rooms individually billed for both people occupying room: YES / NO

F. Room keys released to Narrator at 0730 the morning of team arrival: YES / NO

If NO, delivered by 1300 to Blue Angel briefing room with a complete rooming list: YES / NO

G. Telephone access local/long distance: YES / NO Local calls waived (no charge): YES / NO

H. Parking fees: YES / NO (if yes, air show required to pay)

I. Cancellation Policy (preferably 24-48 working hours prior to arrival). YES / NO

J. Act of God clause including emergency maintenance. YES / NO

K. In room High Speed Internet available: YES / NO

L. Internet charges waived (required): YES / NO

M. Keys keyed for late check-out (1400 on day of departure): YES / NO

2. Transportation:

A. Eighteen / Twenty Two / Twenty Six (18 / 22 / 26) full size 4 door sedans: YES / NO

B. Ten (10) vans: YES / NO (any combination, mini or Fifteen-seat passenger vans with bench seats)

C. One (1) 15-passenger van. YES / NO

D. One (1) **six passenger 4 door, 8' bed crew cab pick-up**: YES / NO (bed should be lined, no canopy, long bed, no tool box installed)

E. Two vehicles staged for #7/Narrator's arrival: YES / NO

F. Vehicles staged near the maintenance hangar no later than 0800 the day the C-130 arrives: YES / NO

G. Tanks at least one-half full: YES / NO

H. Maps of local area with showsite, hotel(s), gym(s), and social commits depicted in vehicles: YES / NO

I. Vehicles insured by air show: YES / NO

J. Vehicles provided: Rental/Courtesy (Circle all that apply)

K. One (1) additional 15 passenger van or a bus (if jets parked greater than ¼ NM from Blue Angel VIP seating) for transporting VIP's. YES / NO / N / A

3. Medical POC: Name: \_\_\_\_\_ Day phone: \_\_\_\_\_

Address: \_\_\_\_\_ Evening phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Pager instructions: \_\_\_\_\_

Emergency Department Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Level I Trauma Center: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Show Site:

Appendix (D)

4. Athletic Support:

- A. Facility Name: \_\_\_\_\_
- B. Address: \_\_\_\_\_
- C. POC: \_\_\_\_\_
- D. Phone: \_\_\_\_\_
- E. Fees (if any): \_\_\_\_\_
- F. Available equipment (circle each available): Nautilus/weights/sauna/racquetball/whirlpool/other
- G. Hours of operation (Wed-Sun) \_\_\_\_\_
- H. Towels provided: YES / NO
- I. Facility notified of Blue Angel use throughout our stay: YES / NO

5. VIP seats:

- A. 200 VIP seats: YES / NO      300 VIP seats: YES / NO      Type of seats: \_\_\_\_\_
- B. Forty (40) roped for arrival of caravan guest/family seating: YES / NO
- B. Blue Angel VIP sample passes received from Assistant Events Coordinator: YES / NO
- C. Personnel available to monitor access to the VIP section: YES / NO      Who: \_\_\_\_\_

Show Site:

Appendix (E)

## MAINTENANCE SUPPORT CHECKLIST

### 1. Maintenance Equipment:

- A. Three (3) tow tractors: YES / NO
- B. One (1) hydraulic test stand: YES / NO
- C. One (1) air starting unit: YES / NO
- D. Three (3) electric starting units: YES / NO
- E. One (1) forklift (10,000 lbs. Refer to note on pg. 11 and diagram on pg. 13 for specifics): YES / NO
- F. One (1) forklift (5,000 lbs – Used for the transportation and loading of JATO bottles): YES / NO
- G. Three (3) universal tow bars: YES / NO
- H. One (1) set of chocks: YES / NO
- I. Two (2) LOX servicing carts: YES / NO      Type: \_\_\_\_\_ (TMU-27, Type-4 TMU-70)  
(TMU-27 or Type-4 is Mandatory for a long trip)
- J. One (1) nitrogen servicing cart: YES / NO
- K. Two (2) mobile light and power carts: YES / NO
- L. Five (5) gallons of unleaded gasoline: YES / NO  
Two (2 1/2) gallon cans of unleaded gasoline if remote show site: YES/NO
- M. Fifteen (15) gallons of bottled water (Daily): YES / NO
- N. Fifty (50) pounds of crushed ice (Daily): YES / NO
- O. Adequate restroom facilities accessible from aircraft parking and maintenance storage area: YES / NO.  
If no facilities available, one (1) chemical toilet available: YES / NO.
- P. Four (4) halon fire extinguishers: YES / NO
- Q. Fifteen Thousand (15,000) square feet of hangar space: YES / NO
- R. One (1) B-1, 10' high maintenance work platform: YES / NO

### 2. Smoke Oil Requirements: (Circle appropriate amount)

WEEKEND SHOW (Thursday thru Sunday)- (20), 55 gallon drums.  
SATURDAY SHOW ONLY (Thursday thru Saturday)- (13), 55 gallon drums.  
SUNDAY SHOW ONLY (Friday thru Sunday)- (13), 55 gallon drums.  
REMOTE SHOW – (30), 55 gallon drums.  
WEST COAST OR IN CONJUNCTION WITH A LONG TRIP/LITHO FLIGHT – (30) 55 gallon drums.  
**\*\*\*\*\*smoke oil shall be paid for by the air show\*\*\*\*\***

- 3. Maintenance support gear staged near the C-130 parking area prior to the Narrator's arrival at the show site:  
YES / NO
- 4. A minimum of three 5,000 gallon fuel trucks dedicated to Blue Angel aircraft available after each practice and demonstration flight: YES / NO
- 5. One defuel truck available Thursday – Sunday: YES / NO



Show Site: \_\_\_\_\_

Appendix (F)

### OPERATIONS CHECKLIST

1. Civilian demonstration fees: (30 days prior to arrival)

- A. Date mailed: \_\_\_\_\_  
B. Amount of check: \_\_\_\_\_

2. Weight bearing figures compatible with the F/A-18 and C-130 for runways and ramp areas. YES / NO

3. Show line:

A. Runway show line:

- (1) Center point marker: BUS / SEMI TRAILER / OTHER: \_\_\_\_\_.  
Color: \_\_\_\_\_ Height (in feet): \_\_\_\_\_  
Positioned exactly perpendicular to the showline: YES / NO  
(2) Runway # that will be used as the show line: \_\_\_\_\_. Inboard Edge / Outboard Edge (circle)  
(3) Driver and keys for center point marker for #7's arrival: YES / NO  
(4) Transportation for 8 team members (Comm cart personnel) to and from show center point each day for remote shows: YES / NO / N/A  
Type of transportation: Helo / police escort / boat / van / N/A (circle applicable options)

B. Artificial show line (if applicable):

- (1) Center point marker: BUS / SEMI TRAILER / OTHER: \_\_\_\_\_.  
Positioned exactly perpendicular to the showline: Yes/ NO  
(2) 5000' x 40' plastic strip: YES / NO Other: \_\_\_\_\_ (Type of material)  
(3) Surveyed straight show line: YES / NO  
(4) Driver and keys for center point marker for #7's arrival: YES / NO  
(5) Transportation for 8 team members (Comm cart personnel) to and from show center point each day for remote shows: YES / NO / N/A  
Type of transportation: Helo / police escort / boat / van / N/A (circle applicable options)

C. Over-water show line(if applicable):

- (1) A box 1 NM along the show line either side of center point, and 1500' inboard and outboard of the show line, sterile of boats and swimmers: YES / NO  
(2) Aerobatic box must be sterile 30 minutes prior to flight: YES / NO  
(3) White center point vessel (80' length minimum): YES / NO  
Type/size: \_\_\_\_\_  
(4) White crowd right vessel (60' length minimum): YES / NO  
Type/size: \_\_\_\_\_  
(5) Both boats in position prior to #7's check flight: YES / NO  
(6) Marine VHF and Coast Guard representative available at center point during all flying: YES / NO  
(7) Transportation for 8 team members (Comm cart personnel) to and from show center point each day for remote shows: YES / NO / N/A  
Type of transportation: Helo / police escort / boat / van / N/A (circle applicable options)

4. Aerobatic Box Crowd Right Extension (Enclosure (2), pg 4):

- (1) 3/4 NM crowd right Aerobatic Box Extension?: YES / NO

5. Arresting gear requirements:

A. Arresting gear available on-site: YES / NO

Location: \_\_\_\_\_  
Type: \_\_\_\_\_  
If mobile gear being installed, when:  
Location: \_\_\_\_\_  
Type: \_\_\_\_\_

B. If NO arresting gear located at show site, then arresting gear must be located within 80 nautical miles of show site.

Airfield: \_\_\_\_\_  
Runways: \_\_\_\_\_  
Type of gear: \_\_\_\_\_  
Bearing/distance from center point: \_\_\_\_\_

**Tower POC:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Available during all Blue Angels flying events, practice and show days: YES / NO

Show Site:

Appendix (F)

6. Uncontrolled Airfield:
- A. Will the Air Boss be available for teams arrival on Thursday: YES/NO
  - B. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
7. Crowd control barrier:
- A. Snow fence: YES / NO
  - B. Barrier in place prior to the Friday practice: YES / NO
  - C. The length of spectator area cannot exceed 2000' for a 1500' show line and 1500' for a 1200' show line in either direction of crowd center point. See appendix "G" for maximum crowd dimension diagram.
    - Distance from crowd center point to the left edge of the crowd: \_\_\_\_\_
    - Distance from crowd center point to the right edge of the crowd: \_\_\_\_\_
  - D. #7 spare jet and Fat Albert access to flight line during practices and shows: YES / NO
8. Brief room:
- A. Conference style brief room with 10 chairs around the table and additional seating for 15 additional personnel set up: YES / NO **(REQUIRED)**
  - B. Two keys for brief room given to #7 upon his arrival: YES / NO
  - C. Phone number for brief room: \_\_\_\_\_
  - D. Fax number for brief room: \_\_\_\_\_
  - E. Brief room location: \_\_\_\_\_
  - F. Copy and Fax machines available: YES / NO
  - G. Computers with internet access available in brief room: YES / NO
  - H. Solos briefing room available (table and 2 chairs): YES / NO
9. Security:
- A. Security personnel posted at intervals along crowd line for practices and shows: YES / NO
  - B. Twenty-four hour security personnel provided specifically for Blue Angels aircraft, including #7. The standard 24 hour ramp security provided at most military installations is sufficient: YES / NO
  - C. For crowd line autograph sessions after Saturday and Sunday performances, a security person is assigned to accompany each pilot (eight total): YES / NO military / civilian
  - D. Required keys / codes provided for #7 at the arrival meeting: YES / NO
10. Civilian police escort:
- A. Point of contact: \_\_\_\_\_
  - B. Phone: \_\_\_\_\_
  - C. Number of cars: \_\_\_\_\_ Bikes: \_\_\_\_\_
  - D. Route planned to by-pass air show traffic: YES / NO
11. **Narrator's Arrival Brief:** One day prior to the Squadron arrival, #7 will meet with the entire air show committee including the FAA monitor. The following personnel notified of time and place: YES / NO

The following personnel must attend the arrival brief:

- a. Air Show Coordinator
- b. Blue Angels Liaison
- c. FAA Monitor
- d. Maintenance Support Point of Contact
- e. Security Chief
- f. Crash Crew Chief
- g. Publicity Coordinator
- h. Airfield Manager/Operations Officer
- i. U.S. Coast Guard Representative (if applicable)
- j. Hotel/Motel Manager
- k. Civilian Police Escort
- l. Fuel Point of Contact
- m. District Commanding Officer and local Navy Recruiter
- n. Marine Corps Recruiting Representative
- o. Airfield Tower Supervisor

## JATO SUPPORT CHECKLIST

1. The following items are required for a C-130 JATO flight demonstration:
  - A. C-130 included in the FAA Waiver: YES / NO
  - B. Total number of JATO events: \_\_\_\_\_
  - C. Are you planning a night JATO event? YES / NO  
(10,000 spectators required to conduct night or twilight event)
  - D. Storage area for Class 1.2 and 1.3 explosives: YES / NO  
Location: \_\_\_\_\_
  - E. JATO bottles and igniters delivered from storage area separately two hours prior to JATO demonstration: YES / NO
  - F. AC power cart available for the C-130: YES / NO
  - G. Explosive ordnance personnel briefed and available during Loading, demonstration, and downloading of JATO bottles: YES / NO  
EOD POC: \_\_\_\_\_ Phone: \_\_\_\_\_
  - H. C-130 parking area compatible for JATO bottle loading and engine high power run-up: (600 feet aft and 150 feet radius around C-130) YES / NO
  - I. Can the C-130 be taxied to the runway after JATO loading without exposing the aft section of the aircraft to the spectator area? YES / NO
  - J. On the final JATO demonstration day, fuel truck available for immediate servicing of the C-130: YES / NO
  - K. On the final demonstration day, can the C-130 park adjacent to the maintenance hangar to facilitate loading of maintenance gear? YES / NO
  - L. The air show will be responsible for disposal of expended JATO bottles: YES / NO
  - M. The air show POC for JATO bottles and igniters:  
NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_
  - N. Address for shipping of JATO bottles and igniter's:  
\_\_\_\_\_
  - O. In case of grass fire, fire truck available to follow C-130 after take-off roll: YES / NO
  - P. 10,000 lbs forklift available to remove gear from C-130: YES / NO
  - Q. Any specific technical questions regarding shipment should be addressed to Mr. Tony Kruszewski, NAS Pensacola Station Weapons at 850-452-2658 or DSN at 922-2658.

## FEDERAL AVIATION ADMINISTRATION CHECKLIST (WAIVER)

## 1. Waiver:


- A. An FAA waiver request has been submitted in triplicate to the nearest GADO office, and one copy to the Blue Angels Events Coordinator: YES / NO
- B. Arrival maneuvers, practice demonstrations, flight demonstrations, and C-130 JATO (if applicable) included on waiver: YES / NO
- C. FAR 91.117(a)(b), 91.119 (b)(c), and 91.303 (c)(d)(e), annotated on waiver: YES / NO
- D. 5 nautical mile radius from **show center point**, and 15,000 feet **above ground level** (AGL) annotated on waiver: YES / NO
- E. Congested area waiver request submitted with application: YES / NO (To include 200' **AGL** ingress/egress within 3 NM on run-in lines).
- F. The waivers we will need are as follows: (standard schedule in parentheses)
- (1) Waiver for (Thursday) is from (1200) to (1400) (Circle and arrival - 2 hours)
- (2) Waiver for (Thursday) is from (1500) to (1615) (Practice-1 hour 15 minutes)
- (3) Waiver for (Friday) is from (1500) to (1700) (Demonstration-2 hours)
- (4) Waiver for (Saturday) is from (1500) to (1700) (Demonstration-2 hours)
- (5) Waiver for (Sunday) is from (1500) to (1700) (Demonstration-2 hours)
- G. Forward a copy of the approved waiver no later than thirty days prior to arrival: YES / NO
- H. NOTAMS issued: YES/NO Date issued: \_\_\_\_\_
- I. TFR issued: YES/NO Date issued: \_\_\_\_\_
- J. Commercial arrival and departure schedule deconflicted with waiver times and forwarded to Events Coordinator: YES / NO
- K. Are start times for practice and demonstrations at least 3 hours prior to sunset: YES/NO
- L. Start time for each flying day:

Time

Date _____	Circle and arrival _____
Date _____	Practice _____
Date _____	Demo _____
Date _____	Demo _____

No certificate may be issued unless a completed application form has been received (14 C.F.R. 91.101, and 105).

Appendix (I)

 <b>US Department of Transportation Federal Aviation Administration</b>  <b>APPLICATION FOR CERTIFICATE OF WAIVER OR AUTHORIZATION</b>		<b>Form Approved: O.M.B. No. 2120-0027</b>	
		<b>APPLICANTS - DO NOT USE THESE SPACES</b>	
		Region	Date
		Action <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved - Explain under "Remarks"	
		Signature of authorized FAA representative	
<b>INSTRUCTIONS</b>			
<p>Submit this application in triplicate (3) to any FAA Flight Standards district office.</p> <p>Applicants requesting a Certificate of Waiver or Authorization for an aviation event must complete all the applicable items on this form and attach a properly marked 7.5 series Topographic Quadrangle Map(s), published by the U.S. Geological Survey (scale 1:24,000), of the proposed operating area. The map(s) must include scale depictions of the flightlines, showlines, race courses, and the location of the air event control point, Police dispatch, ambulance, and fire fighting equipment. The applicant may also wish to submit photographs and scale diagrams as supplemental material to assist in the FAA's evaluation of a particular site. Application for a Certificate of Waiver or Authorization must be submitted 45 days prior to the requested date of the event.</p> <p>Applicants requesting a Certificate of Waiver or Authorization for activities other than an aviation event will complete items 1 through 8 only and the certification, item 15, on the reverse.</p>			
1. Name of organization		2. Name of responsible person	
3. Permanent mailing address	House number and street or route number	City	State and ZIP code    Telephone No.
4. FAR section and number to be waived			
5. Detailed description of proposed operation (Attach supplement if needed)			
6. Area of operation (Location, altitudes, etc.)			
7a. Beginning (Date and hour)		b. Ending (Date and hour)	
8. Aircraft make and model (a)	Pilot's Name (b)	Certificate number and rating (c)	Home address (Street, City, State) (d)

▶ <b>ITEMS 9 THROUGH 14 TO BE FILLED OUT FOR AIR SHOW/AIR RACE WAIVER REQUESTS ONLY.</b>				
9. The air event will be sponsored by:				
10. Permanent mailing address	House number and street or route number	City	State and ZIP code	Telephone No.
11. Policing <i>(Describe provisions to be made for policing the event.)</i>				
12. Emergency facilities <i>(Mark all that will be available at time and place of air event.)</i>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Physician   <input type="checkbox"/> Ambulance             </div> <div> <input type="checkbox"/> Fire truck   <input type="checkbox"/> Crash wagon             </div> <div> <input type="checkbox"/> Other - Specify _____              _____           </div> </div>				
13. Air Traffic control <i>(Describe method of controlling traffic, including provision for arrival and departure of scheduled aircraft.)</i>				
14. Schedule of Events <i>(include arrival and departure of scheduled aircraft and other periods the airport may be open.)</i>				
Hour (a)	Date (b)	Event (c)		
If sufficient space is not available, the entire schedule of events may be submitted on separate sheets, in the order and manner indicated above.				
<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;"> <div style="display: inline-block; width: 10px; height: 10px; border: 1px solid black; transform: rotate(45deg);"></div> <div style="display: inline-block; width: 10px; height: 10px; border: 1px solid black; transform: rotate(-45deg);"></div> </div> <div> <p style="margin: 0;">Please Read</p> <p style="margin: 0; font-size: small;">The undersigned applicant accepts full responsibility for the strict observance of the terms of the Certificate of Waiver or Authorization, and understands that the authorization contained in such certificate will be strictly limited to the above described operation.</p> </div> </div>				
15. Certification - I CERTIFY that the foregoing statements are true.				
Date	Signature of Applicant			
Remarks				

## AIRCRAFT PARKING AND STATISTICS

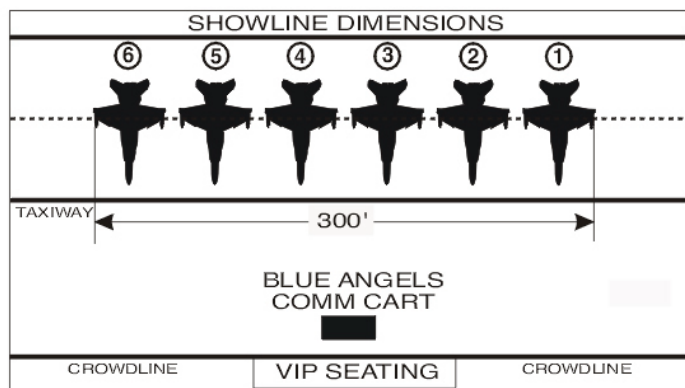


Figure A

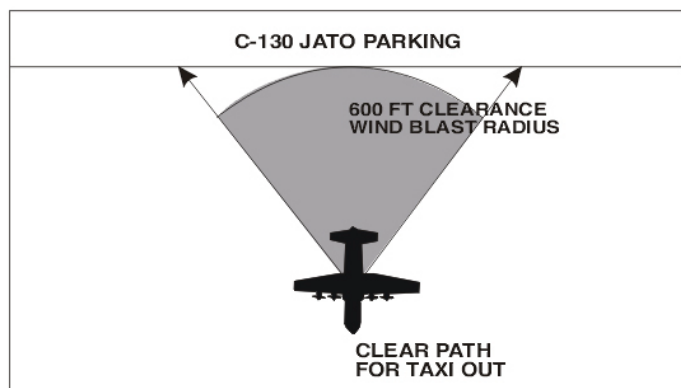


Figure B

### F-18 A/C (#1-#6) SHOW PARKING:

A 300' long by 300' wide (75' minimum) parking area with ample surrounding space to allow jets to taxi and ensure spectator protection from jet blast. Should be located near centerpoint of crowdline (see Figure A).

### C-130 ARRIVAL PARKING:

Positioned in close proximity to the secure gear storage location to afford easy maintenance accessibility to F/A-18's with the least obstruction to spectator view (see Figure B).

\* Check load bearing capability of parking area (both arrival and JATO parking)

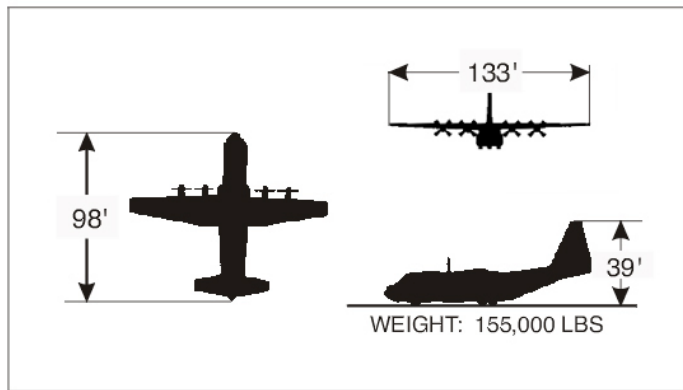
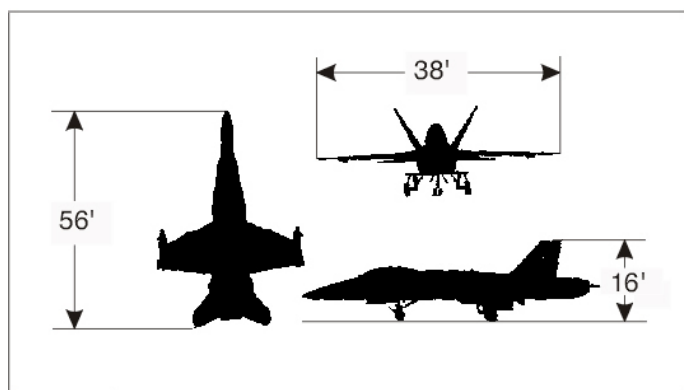
C-130 JATO Parking: (See Chapter VI, Paragraph (e)).

### F-18 A/C (#7) PARKING:

Positioned so it is readily accessible for media flights in an area closed to spectators. Sufficient room must be available to park another aircraft alongside if a hot switch is required as well as clear path to active runway.

\* Check load bearing capability of all parking areas arrival and show parking.

## AIRCRAFT STATISTICS



## AIRFIELD DIAGRAM CHECKLIST

1. A scaled diagram of the airfield or waterway with the following items annotated, and forwarded to the Events Coordinator's office 60 days prior to the Narrator's arrival (include this checklist with the diagram). **All latitudes and longitudes must be accurate to the nearest second. Format is Degrees, Minutes, Seconds (not decimal minutes).**
  - A. Show line (circle one): runway edge / artificial show line with description \_\_\_\_\_
    - (1) Headings (**nearest degree**) \_\_\_\_\_ / \_\_\_\_\_
    - (2) Magnetic variation (**degrees / minutes**) \_\_\_\_\_ E or W
    - (3) Showline distance from the crowd: 1200', 1500', other: \_\_\_\_\_
    - (4)  $\frac{3}{4}$  NM CR extension: YES / NO
  - B. Center point: LATITUDE N \_\_\_\_\_ LONGITUDE W \_\_\_\_\_
  - C. Crowd line: Feet left of Center Point \_\_\_\_\_ Feet right of Center Point \_\_\_\_\_
  - D. Location of Blue Angels VIP seating: \_\_\_\_\_
  - E. Other Performer parking location: \_\_\_\_\_
  - F. 1-6 arrival parking: LATITUDE N \_\_\_\_\_ LONGITUDE W \_\_\_\_\_  
Description of location: \_\_\_\_\_
  - G. 1-6 show parking: LATITUDE N \_\_\_\_\_ LONGITUDE W \_\_\_\_\_  
Description of location: \_\_\_\_\_
  - H. #7 arrival parking: LATITUDE N \_\_\_\_\_ LONGITUDE W \_\_\_\_\_  
Description of location: \_\_\_\_\_
  - I. #7 spare parking: LATITUDE N \_\_\_\_\_ LONGITUDE W \_\_\_\_\_  
Description of location: \_\_\_\_\_
  - J. C-130 arrival parking: LATITUDE N \_\_\_\_\_ LONGITUDE W \_\_\_\_\_  
Description of location: \_\_\_\_\_
  - K. C-130 JATO parking: LATITUDE N \_\_\_\_\_ LONGITUDE W \_\_\_\_\_  
Description of location: \_\_\_\_\_
  - L. Other Performer Parking: \_\_\_\_\_
  - M. Maintenance Hangar location: \_\_\_\_\_
  - N. Brief room location: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_
  - O. Arresting Gear Location: \_\_\_\_\_
2. For a show being flown over water, a waterway chart is required with the following items accurately depicted: show line, center point boat, crowd right boat, and VIP seating and parking areas.
3. The airfield diagram/waterway chart must be a scale of 1" equals 200'-400' and have the proper scale annotated on it. Examples of show line and crowd line requirements are included in Enclosure (2). Aircraft parking requirements are in Appendix (J). **Quality and accuracy are imperative.**



Show Site:

Appendix (L)

### RECRUITING SUPPORT CHECKLIST

1. Navy Recruiting District CO: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_
2. Navy Recruiting District Liaison Officer: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_
3. Marine Corps Recruiting District CO: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_
4. Marine Corps Recruiting Liaison Officer: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

- ☐ Event General Admission Tickets (200 per day).
- ☐ Reserved seating tickets (100 per day).
- ☐ Recruiting booth/exhibit display (measuring up to 60 feet wide X 80 feet long X 20 feet high) for all air show days.
- ☐ Recruiting advertisement for the Navy and Marine Corps in every program.

#### ONE

Date: \_\_\_\_\_ ☐ Hotel departure time (no earlier than 0800).  
Schedule visit 0830-0930: YES / NO ☐ VHS machine/monitor Recruiter Escort: \_\_\_\_\_

School/Hospital name: \_\_\_\_\_ Est. Attendance \_\_\_\_\_

School/Hospital POC (first and last name): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

- ☐ Driving time from hotel to H.S./Hospital must be less than 25 minutes driving time (traffic/delay time included).

#### TWO

Date: \_\_\_\_\_ ☐ Hotel departure time (no earlier than 0800).  
Schedule visit 0830-0930: YES / NO ☐ VHS machine/monitor Recruiter Escort: \_\_\_\_\_

School/Hospital name: \_\_\_\_\_ Est. Attendance \_\_\_\_\_

School/Hospital POC (first and last name): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

- ☐ Driving time from hotel to H.S./Hospital must be less than 25 minutes driving time (traffic/delay time included).

#### THREE

Date: \_\_\_\_\_ ☐ Hotel departure time (no earlier than 0800).  
Schedule visit 0830-0930: YES / NO ☐ VHS machine/monitor Recruiter Escort: \_\_\_\_\_

School/Hospital name: \_\_\_\_\_ Est. Attendance \_\_\_\_\_

School/Hospital POC (first and last name): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

- ☐ Driving time from hotel to H.S./Hospital must be less than 25 minutes driving time (traffic/delay time included).

Show Site:

Appendix (L)

**FOUR**

Date: \_\_\_\_\_ [ ☐ ] Hotel departure time (no earlier than 0800).  
Schedule visit 0830-0930: YES / NO [ ☐ ] VHS machine/monitor Recruiter Escort: \_\_\_\_\_  
School/Hospital name: \_\_\_\_\_ Est. Attendance \_\_\_\_\_  
School/Hospital POC (first and last name): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
[ ☐ ] Driving time from hotel to H.S./Hospital must be less than 25 minutes driving time (traffic/delay time included).

**FIVE**

Date: \_\_\_\_\_ [ ☐ ] Hotel departure time (no earlier than 0800).  
Schedule visit 0830-0930: YES / NO [ ☐ ] VHS machine/monitor Recruiter Escort: \_\_\_\_\_  
School/Hospital name: \_\_\_\_\_ Est. Attendance \_\_\_\_\_  
School/Hospital POC (first and last name): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
[ ☐ ] Driving time from hotel to H.S./Hospital must be less than 25 minutes driving time (traffic/delay time included).

Show Site: \_\_\_\_\_

Appendix (M)

## VIP RIDER SUPPORT CHECKLIST

**\*\*Air Show Publicity Chairman should liaison with Commanding Officer Navy Recruiting District prior to completing this checklist.**

**1. Center-Of-Influence Flights: (Please type or write legibly and be sure to include area code and phone number)**

**A. Three COI nominees and their alternates:**

DATE OF FLIGHT: \_\_\_\_\_

SHOW SITE: \_\_\_\_\_

**PRIMARY #1**

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Jacket Size \_\_\_\_\_

☐ Medical History ☐ Biography

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

AFFILIATION: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

**PRIMARY #2**

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Jacket Size \_\_\_\_\_

☐ Medical History ☐ Biography

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

AFFILIATION: \_\_\_\_\_

**PRIMARY #3**

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Jacket Size \_\_\_\_\_

☐ Medical History ☐ Biography

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

AFFILIATION: \_\_\_\_\_

**ALTERNATE #1**

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Jacket Size \_\_\_\_\_

☐ Medical History ☐ Biography

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

AFFILIATION: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

**ALTERNATE #2**

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Jacket Size \_\_\_\_\_

☐ Medical History ☐ Biography

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

AFFILIATION: \_\_\_\_\_

**ALTERNATE #3**

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Jacket Size \_\_\_\_\_

☐ Medical History ☐ Biography

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

AFFILIATION: \_\_\_\_\_

B. #7 will brief tower chief on his conduct of flights.

C. Aircraft parking: \_\_\_\_\_

D. Sterile operational area (or MOA): \_\_\_\_\_

E. Stereo route or desired IFR route to operational area: YES / NO

F. Frequency to utilize in area: \_\_\_\_\_

G. Fuel truck (1,500) gallon minimum available immediately after each flight: YES / NO

Truck fueling pressure 45-55 PSI: YES / NO

NOTE: #7's VIP flight does not require an FAA waiver but operating area must be sterile.

Riders must not have flown with the Blue Angels or any other demonstration team before.

**\*\* RIDERS WILL NOT BE CONSIDERED UNTIL RECEIPT OF MEDICAL HISTORY AND BIOGRAPHY. THESE SHOULD BE INCLUDED WITH THIS COMPLETED CHECKLIST. FINAL APPROVAL RESTS WITH COMMANDING OFFICER NFDS.**

G. Signatures:

\_\_\_\_\_  
Airshow Publicity Coordinator

\_\_\_\_\_  
Commanding Officer, NRD


Dear Sir or Madam,

Congratulations on being selected as a primary or alternate candidate to fly with the U.S. Navy Blue Angels in the F/A-18 Hornet. The Hornet is a state of the art, high performance strike/fighter aircraft, and, as such, certain physical requirements must be met in order to have an enjoyable and safe experience in our aircraft. For this reason, you must complete a thorough medical questionnaire for review prior to approval for flight. In addition, you are required to have a routine physical examination by your local physician prior to your flight in order to see if he or she has any reason to believe that you should not participate in this type of strenuous activity. Your doctor will need to review your questionnaire, indicate if you have any contraindications to flight and sign/date the form, which you will then return to the Assistant Events Coordinator. We do not need a copy of the physical exam. To make the most of this flight, here are several suggestions, which may make your day with the Blue Angels more enjoyable:

1. In the weeks prior to the flight, maintain a reasonable level of physical fitness and exercise; you'll feel better, sleep better and have a better time flying.
2. Eat normally and stay well hydrated in the days prior to the flight, avoid alcohol and get a good nights' sleep the night before. Do not fly on an empty stomach. Eat a light meal 2 - 3 hours prior to the flight, avoiding greasy foods and acidic drinks.
3. It is highly recommended that you remain free of commitments the day of your flight, due to the strenuous physical nature of the flight.
4. If you catch a cold or are otherwise ill the day of the flight, you must inform the crew chief and pilot so that arrangements can be made to fly the alternate media representative. Flying with a cold may cause serious and sometimes permanent injury to the inner ear and sinuses.
5. Due to the height and weight limits of our ejection seats, those individuals taller than 78 inches or weighing more than 235 pounds and less than 100 pounds will be automatically disqualified from flight. **Individuals weighing from 100 to 135 pounds and 214 to 235 pounds will be required to sign a waiver for flight in our ejection seats, due to an increased risk of injury in the event of an ejection.**

If you have any questions at all concerning your flight, please feel free to call me in Pensacola, FL at (850) 452-2583 Ext. 3120 or in El Centro, CA at (760) 339-2508. Have a great time!

Sincerely,

A handwritten signature in black ink, appearing to read "Johannah K. Valentine". The signature is fluid and cursive, with the first name being the most prominent.

Johannah K. Valentine  
Lieutenant, MC, USN  
Blue Angels Flight Surgeon

**Medical Questionnaire for non-military personnel to fly in U.S. Navy Blue Angels aircraft****Please Read Carefully**

**\*\*\*\* EACH PROSPECTIVE RIDER MUST COMPLETE THIS FORM \*\*\*\***

You are requesting to fly as a selected passenger/VIP with the U.S. Navy Blue Angels. Although this squadron has tremendous experience and an outstanding safety record, these flights are still considered high risk and can require a high level of physical fitness and stamina. You will be required to wear a complete set of flight gear including helmet, gloves, flight suit, parachute harness and survival vest. The flight will be conducted in the F/A-18 Hornet, a high performance, ejection seat equipped strike/fighter aircraft. Actual flight profiles may include sustained high G-forces and high speed aerobatic maneuvering. This medical questionnaire allows our flight surgeon to have a better picture of your past and present health, fitness status, and suitability for this type of flight. Please take time and be complete in filling out the form. Be assured that answering yes to a particular question or questions does not necessarily result in disqualification from the flight, as most people have some type of medical history. **You are also required to see your local physician some time prior to the flight for a routine physical examination, at your own expense, to ensure that he or she has no concerns regarding your participation in this type of strenuous activity.** If you have any questions or concerns, please contact the Blue Angels flight surgeon at (850) 452-2583/2584, Ext 120. Fax all information to the Assistant Events Coordinator at 850-452-2790.

**DIRECTIONS:****BLUE ANGEL LIAISON:**

1. Ensure that each Media Rider has a copy of *this* questionnaire.
2. Ensure that they complete it at least 30 days prior to their scheduled flight.

**PASSENGER:**

1. Immediately schedule an appointment with your physician for a physical exam.
2. During your exam, have the provider review your questionnaire and complete his/her portion of the form.
3. Only exams from Medical Doctors, a D.O., a Nurse Practitioner, or a PA will be accepted. **We cannot accept exams from: chiropractors, podiatrists, optometrists, nurses or holistic healers.**
4. You must fax **ALL MEDICAL** information, including the questionnaire/doctor's statement below and a copy of your press credentials to the Assistant Events Coordinator at 850-452-2790.

**THERE IS NO NEED TO FAX IT TO THE AIRSHOW COORDINATOR.**

**EXAMING PHYSICIAN**

1. Perform a thorough physical exam. It is important that the patient can easily valsava, and has good TM movements.
2. Please comment on any "YES" answers on the questionnaire, medication use (including OTC), surgeries, retained orthopedic hardware, and any other medical condition. This flight is extremely demanding, and not suitable for everyone.

**IF THIS INFORMATION IS NOT RECEIVED 30 DAYS PRIOR TO YOUR FLIGHT, YOU WILL BE DISQUALIFIED**

Show Site:

Appendix (N)

Name \_\_\_\_\_ Organization \_\_\_\_\_

Day/Work Phone Number (    ) \_\_\_\_\_ Showsite \_\_\_\_\_

Alternate Phone Number (    ) \_\_\_\_\_

☐ Medical History

☐ Press Credentials

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Jacket Size \_\_\_\_\_

**Do you have now, or have you ever had:**

- | Y                        | N                        |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Disease of the eyes, ears, sinuses or seasonal allergies which still require medication?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Difficulty clearing your ears or pain in your ears or sinuses from flying or scuba diving?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Chest pain, angina, heart attack, heart disease, high blood pressure, heart murmur, palpitations, cardiac catheterization, pacemaker or cardiac stress test?             |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Stroke, phlebitis, blood clots in legs, excessive fatigue with mild exertion?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Asthma, wheezing, emphysema, chronic cough, tuberculosis, collapsed lung, chest surgery of any kind, chest tube placed, or abnormal chest X-ray?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Disease of the bowel, gastric ulcer, rectal bleeding, chronic abdominal or pelvic pain, hernia, kidney stone, disease of the urinary tract.                              |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Arthritis, joint deformity, limited movement of any joint, chronic neck or back pain, neck or back surgery, 'slipped' or herniated disk, neurologic surgery of any kind. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Paralysis, muscle weakness, seizures, epilepsy, loss of consciousness or amnesia.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Mania, depression, schizophrenia, panic attacks, fear of flying or fear of enclosed spaces?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Anemia, sickle cell crisis, diabetes, liver or thyroid disease?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Arterial gas embolism, decompression sickness or the 'bends'?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Are you currently pregnant or planning to become pregnant prior to the flight?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you have any acute or chronic condition not listed previously?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Are you currently under care or therapy of a physician or practitioner for any medical condition?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Are you currently taking any medications? List:   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Difficulty jogging 2 miles in 20 minutes or swimming 100 yards?   |

Show Site:

Appendix (N)

I certify that the above information is true and correct and understand that I am required to have a physical examination by my family physician, at my own expense, prior to flying with the Blue Angels.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**IF YOU ANSWERED ' YES' TO ANY OF THE ABOVE QUESTIONS (1-16) PLEASE GIVE DETAILS BELOW AND INDICATE IF THE CONDITION RESOLVED.**

**The following is to be completed by your examining physician:**

The above patient was evaluated on \_\_\_\_\_.

**Date of Exam**

**Please select one of the following:**

\_\_\_\_\_ He/she has no medical contraindication for flight in a high performance aircraft with the Blue Angels.

\_\_\_\_\_ He/she has a medical condition(s), which may contraindicate a flight in a high performance aircraft.

**Please list and explain all conditions and medications:**

\_\_\_\_\_  
**Signature of Examiner**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed name of Examiner  
& Credentials (i.e. MD, DO, PA, NP)**

\_\_\_\_\_  
**Phone Number**

Approved

Disapproved

\_\_\_\_\_  
**Blue Angel Flight Surgeon Signature**

Date \_\_\_\_\_

## SOCIAL FUNCTION CHECKLIST

1. Evening function/commitments must be confirmed 60 days prior to the air show **(no sit down dinners)**.

**\*\*NO THURSDAY COMMITMENTS\*\*****Mandatory Commitment:**

Date/Day: \_\_\_\_\_

Time: \_\_\_\_\_ to \_\_\_\_\_

Event: \_\_\_\_\_

Address: \_\_\_\_\_

Host: \_\_\_\_\_

POC (itinerary/presentations): \_\_\_\_\_ Phone: \_\_\_\_\_

Attended by: Officers/Chiefs/Enlisted/All

Attire: Showsuits/Casual/Coat &amp; Tie

Drinks: Hosted/Unhosted

Food: Hosted/Unhosted

Type: Snacks/Hors d'oeuvres/Buffet (no sit down dinners)

Introductions of the team: YES / NO

Can guests be invited: YES / NO

Will presentations be made to the team: YES / NO

Framed litho to: (1) \_\_\_\_\_ (2) \_\_\_\_\_

**Optional Commitment:** (Attendance is not required, No Introductions, No Presentations)

Date/Day: \_\_\_\_\_

Time: \_\_\_\_\_ to \_\_\_\_\_

Event: \_\_\_\_\_

Address: \_\_\_\_\_

Host: \_\_\_\_\_

POC (itinerary/presentations): \_\_\_\_\_ Phone: \_\_\_\_\_

Invited: Officers/Chiefs/Enlisted/All

Attire: Showsuits/Casual/Coat &amp; Tie

Drinks: Hosted/Unhosted

Food: Hosted/Unhosted Type:

Snacks/Hors de oeuvres/Buffet (no sit down dinners)

Can guests be invited: YES / NO

**Optional Commitment:**

Date/Day: \_\_\_\_\_

Time: \_\_\_\_\_ to \_\_\_\_\_

Event: \_\_\_\_\_

Address: \_\_\_\_\_

Host: \_\_\_\_\_

POC (itinerary/presentations): \_\_\_\_\_ Phone: \_\_\_\_\_

Invited: Officers/Chiefs/Enlisted/All

Attire: Showsuits/Casual/Coat &amp; Tie

Drinks: Hosted/Unhosted

Food: Hosted/Unhosted Type:

Snacks/Hors de oeuvres/Buffet (no sit down dinners)

Can guests be invited: YES / NO

**\* Do not make final confirmation for any event until you have contacted the Events Coordinator. It could be very embarrassing and costly to the show to cancel an event that the Blue Angels Events Coordinator did not approve.**

**\*\*Post flight debrief takes approximately 2 hours. Please take this into account when scheduling Blue Angel arrival at your function.**



Show Site:

Appendix (P)

LITHO LIST

1. **Twenty-five (25)** names for lithographs received 60 days prior.

**Note: Please type names below.**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_

9. \_\_\_\_\_ 10. \_\_\_\_\_

11. \_\_\_\_\_ 12. \_\_\_\_\_

13. \_\_\_\_\_ 14. \_\_\_\_\_

15. \_\_\_\_\_ 16. \_\_\_\_\_

17. \_\_\_\_\_ 18. \_\_\_\_\_

19. \_\_\_\_\_ 20. \_\_\_\_\_

21. \_\_\_\_\_ 22. \_\_\_\_\_

23. \_\_\_\_\_ 24. \_\_\_\_\_

25. \_\_\_\_\_

**THANK YOU LIST**

1. We would like to thank those who assist in the Blue Angels portion of the show with a letter from the Commanding Officer. This list must be sent to the Assistant Events Coordinator no later than 60 days prior to the arrival of the Narrator. Please include full name and address including zip code. **FOR ALL MILITARY PERSONNEL PLEASE PROVIDE THEIR COMMANDING OFFICER'S COMPLETE ADDRESS TO INCLUDE RANK AND BRANCH OF SERVICE.**

**NOTE: FOR COMPLETE ACCURACY, PLEASE TYPE.**

1. **Air Show Coordinator:**(Mr./Mrs./Ms.)\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Rank:\_\_\_\_\_Branch of Service: \_\_\_\_\_

2. **Blue Angels Liaison:**(Mr./Mrs./Ms.)\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Rank:\_\_\_\_\_Branch of Service: \_\_\_\_\_

3. **Maintenance point of contact:**(Mr./Mrs./Ms.)\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Rank:\_\_\_\_\_Branch of Service: \_\_\_\_\_

4. **Publicity point of contact:**(Mr./Mrs./Ms.)\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Rank:\_\_\_\_\_Branch of Service: \_\_\_\_\_

5. **Civilian Police point of contact:**(Mr./Mrs./Ms.)\_\_\_\_\_

Name of Police Station or Department:\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Rank:\_\_\_\_\_Branch of Service: \_\_\_\_\_

6. **Hotel point of contact:**(Mr./Mrs./Ms.)\_\_\_\_\_

Name of Hotel:\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

7. **Social function host:**(Mr./Mrs./Ms.) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Rank:\_\_\_\_\_ Branch of Service: \_\_\_\_\_

8. **Social function host:**(Mr./Mrs./Ms.) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Rank:\_\_\_\_\_ Branch of Service: \_\_\_\_\_

9. **Courtesy car dealer:**(Mr./Mrs./Ms.) \_\_\_\_\_

Name of Dealership: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Rank:\_\_\_\_\_ Branch of Service: \_\_\_\_\_

10. **Athletic Facility Manager:**(Mr./Mrs./Ms.) \_\_\_\_\_

Name of Athletic Facility:\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

11. **Medical point of contact:**(Mr./Mrs./Ms. Dr.)\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Rank:\_\_\_\_\_ Branch of Service: \_\_\_\_\_

12. **Recruiter:**(Rank (i.e. AMS1(AW))): \_\_\_\_\_

Recruiting District: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Rank:\_\_\_\_\_ Branch of Service: \_\_\_\_\_

Show Site:

Appendix (Q)

13. **Extra Name:**(Mr./Mrs./Ms.) \_\_\_\_\_

Function or Capacity:\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Rank:\_\_\_\_\_Branch of Service: \_\_\_\_\_

14. **Extra Name:**(Mr./Mrs./Ms.) \_\_\_\_\_

Function or Capacity:\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Rank:\_\_\_\_\_Branch of Service: \_\_\_\_\_

15. **Extra Name:**(Mr./Mrs./Ms.)\_\_\_\_\_

Function or Capacity:\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Rank:\_\_\_\_\_Branch of Service: \_\_\_\_\_

2. Please keep thank you letters to a minimum without leaving out key personnel. On numbers 13-15, please include a short justification of the services the individual performed in relation to the Blue Angels portion of your air show.

## NARRATOR'S ADVANCE MEETING CHECKLIST

1. **The following checklist will be used by the Narrator and the Events Coordinator** to double check all the requirements prior to the Narrator's arrival at the show site. The air show should complete the checklist 30 days prior to the Narrator's arrival and mail it to the Events Coordinator's office. **This is *your* final overall view to ensure the many items are complete and available prior to the teams' arrival.** It is a good tool to make sure nothing has been overlooked.

## A. Schedule:

1. Briefly review the schedule for the weekend.
  - a. Provide Narrator with a complete air show schedule of events: YES / NO
  - b. Provide Narrator with twenty copies of air show programs and posters: YES / NO
  - c. Provide Narrator with commercial/civilian airline schedules: YES / NO
2. Media rides normally begin at 1300, 1430, and 1600.
3. C-130 arrives and unloads (Date and time) \_\_\_\_\_
4. Demo jets arrive for circle and arrival maneuvers from \_\_\_\_\_ to \_\_\_\_\_
5. Friday practice at \_\_\_\_\_
6. Saturday demo at \_\_\_\_\_
7. Sunday demo at \_\_\_\_\_
8. Performer's (FAA) brief times and location: \_\_\_\_\_

## B. Automobiles:

1. 4 door sedans: YES/NO    Courtesy / Rental / Mixture: \_\_\_\_\_  
**18 – normal trip before 1 Oct**  
**22 – normal trip after 1 OCT or long trip before 1 OCT**  
**26 – Long trip after 01 OCT**  
 (10) Vans (Mini or 15 passenger)  
 (1) 4-door Crew cab pick-up truck with an 8' bed  
 (1) 15-passenger van  
 (1) Regular cab pick-up truck (If Remote)
2. Parked next to C-130 offload area/maintenance hangar NLT 0730 Thursday morning: YES / NO
  - a. Keys placed in the visors: YES / NO
3. Two cars for the Narrator's arrival: YES / NO
4. Cars at least one-half full of gas with local maps: YES / NO
5. Blue Angel decals on the windshield will be accepted for flight line access: YES / NO

## C. Maintenance:

1. JATO bottle storage: POC: \_\_\_\_\_  
 Phone: \_\_\_\_\_
2. Maintenance equipment storage: Location: \_\_\_\_\_  
 POC: \_\_\_\_\_  
 Phone: \_\_\_\_\_
  - a. Clear area next to maintenance hangar to offload on arrival and upload Sunday after demo: YES / NO
  - b. Keys/Codes to maintenance facility provided to the Narrator upon arrival: YES / NO
3. Smoke oil requirements (55 Gallon Drums): (Circle appropriate amount)  
 WEEKEND SHOW (Thursday thru Sunday)- 20  
 SATURDAY SHOW ONLY (Thursday thru Saturday)- 13  
 SUNDAY SHOW ONLY (Friday thru Sunday)- 13  
 REMOTE SHOW – 30  
 WEST COAST OR IN CONJUNCTION WITH A LONG TRIP/LITHO FLIGHT – (30) 55 gallon drums.  
**\*\*\*\*\*Smoke oil will be paid for by the air show\*\*\*\*\***
  - a. Smoke Oil staged next to maintenance hangar prior to #7 arrival: YES / NO

4. Fuel: JP-5 JP-8 JET-A JET-A1
5. One Defuel truck available Thursday – Sunday: YES / NO
6. Hot refuel available: YES / NO
7. Three single point refuelers with 5,000 gallon capacity each: YES / NO

## D. Fuel quantity requirement planning:

1. Demonstration aircraft: (Blue Angels 1 through 6)

Weekend show (Thurs-Sun).....40,000 Gallons  
 Saturday show (Thurs-Sat).....34,000 Gallons  
 Sunday show only (Thurs-Sun).....28,000 Gallons

2. Blue Angels C-130 "Fat Albert" support aircraft:

- a. Normal requirements.....4,600 Gallons
- b. JATO performance add.....1,000 Gallons

3. Trucks need to be available immediately after each practice or air show. Three trucks for morning turns: YES / NO
4. Three trucks after landing: YES / NO
5. GSE: All units available for our use only and staged near the C-130 parking area/maintenance hangar prior to #7's arrival. YES / NO
6. Five gallons of unleaded gasoline staged next to maintenance hangar prior to #7 arrival: YES / NO

## E. Recruiting Support:

1. Navy Recruiting District CO: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_
2. Navy Recruiting District PAO: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_
3. Local Navy recruiters:
 

_____	Phone: _____	Cell: _____
_____	Phone: _____	Cell: _____
_____	Phone: _____	Cell: _____
4. Marine Corps Recruiting District CO: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_
5. Marine Corps Recruiting District PAO: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_
6. Local Marine Corps recruiters:
 

_____	Phone: _____	Cell: _____
_____	Phone: _____	Cell: _____
_____	Phone: _____	Cell: _____
7. Recruiters available at 0745 Friday morning in the hotel lobby for school visits: YES / NO
8. Recruiters available after demo on Saturday & Sunday for autograph support: YES / NO
9. Navy and Marine recruiters at #7's arrival brief: YES / NO

## F. Public Affairs:

1. Publicity POC: \_\_\_\_\_ Phone: \_\_\_\_\_
2. List of VIP's to meet the team provided: YES / NO
3. Provide Narrator with a list of media that will attend Thursday's post-demo practice: YES / NO
4. Keep all media and spectators back from the jets: YES / NO
5. On each media interview card, list: Name, Station, Network, Paper. YES / NO
6. Special interest groups:
 

Friday: \_\_\_\_\_
7. Make a wish: POC: \_\_\_\_\_ Phone: \_\_\_\_\_ # of children / total #: \_\_\_\_ / \_\_\_\_
8. PA system set up for the Friday practice and all air shows: YES / NO
9. Sound System: POC: \_\_\_\_\_ Phone: \_\_\_\_\_
10. Friday morning high school/hospital recruiting visits:
 

POC: \_\_\_\_\_ Phone: \_\_\_\_\_

After the show weekend is complete, forward any and all press material to the Blue Angel Public Affairs Office.

Show Site:

Appendix (R)

G. Media flights:

1. Number of media rides: \_\_\_\_\_
2. Media riders notified to arrive for air show committee meeting: YES / NO
3. Three individual flight plans for media rides: VFR / IFR / SID: YES / NO
  - Flight plans filed prior to Narrator's arrival (DD-175 for military/1-800-WX-Brief for civilians): YES / NO
4. Operational area (MOA): \_\_\_\_\_
5. Directions to/coordinates for operational area: \_\_\_\_\_
6. Distance to operational area within 50 NM: YES/NO
7. Date operational area reserved: \_\_\_\_\_
8. Time operational area reserved: \_\_\_\_\_ TO \_\_\_\_\_
9. Size of operational area (20 NM long; surface to 15,000 AGL minimum): YES / NO
10. Frequency: \_\_\_\_\_ Squawk: \_\_\_\_\_
11. Low transition and high performance climb approved on take-off: YES / NO
12. Carrier Break (800' AGL Overhead) approved: YES / NO
13. Starting and electrical units available for media flights: YES / NO

H. Security:

1. Security briefed all of their personnel on Blue Angels passes, VIP seats, car decals and ramp access prior to the Narrator's arrival: YES / NO
  - Official Blue Angel vehicle car decals will serve as all-access passes: YES / NO
2. Crowd control barrier in place before the practice Friday: YES / NO
3. One security person to escort each pilot (nine total) at the crowd line Saturday and Sunday: YES / NO
4. #7 jet and C-130 security: (24 hour) YES / NO
5. Security for all Blue Angel aircraft: YES / NO
6. VIP seats: 200 / 300
  - Roped off: YES / NO
  - Marked Blue Angel seating: YES / NO
  - VIP seating area directly opposite centerpoint: YES / NO
  - 40 seats in the front of the section kept clear until caravan guests arrive: YES / NO
  - One security person to watch the area and ensure that only those personnel with the proper passes are admitted: YES / NO
- All Blue Angel VIP passes will state which day is applicable for the show.**
7. For military bases, security ready for caravan turnover (from local civilian police) on Sat/Sun: YES / NO

I. Lodging and Police Escort:

- (1) Hotel POC: \_\_\_\_\_
  - Phone: \_\_\_\_\_
  - Rates: Single \_\_\_\_\_ Double \_\_\_\_\_
  - County hotel is located: \_\_\_\_\_
- (2) Two singles for #7 and 7CC for Wednesday: YES / NO
- (3) Non-smoking room for all officers: YES / NO
- (4) #7 will pick-up keys at 0800 Thursday morning: YES / NO
  - (a) Complete rooming list provided with room keys: YES / NO
  - (b) Keys keyed for late check-out (2 pm on departure day (usually Sunday)): YES / NO
- (5) Separate bills for double rooms: YES / NO
- (6) Complimentary in-room internet?: YES / NO
- (7) ATM in the hotel: YES / NO
- (8) Parking pass required: YES / NO
  - (a) If yes, passes available for the Narrator at the arrival meeting: YES / NO
- (9) Police escort POC: \_\_\_\_\_ Phone: \_\_\_\_\_
- (10) Number of cars: \_\_\_\_\_ bikes: \_\_\_\_\_ in the caravan.
- (11) Escort needed for Maintenance personnel: YES / NO

Show Site:

Appendix (R)

J. Athletic Facility:

- (1) Facility name: \_\_\_\_\_
- (2) Address: \_\_\_\_\_
- (3) POC : \_\_\_\_\_
- (4) Phone: \_\_\_\_\_
- (5) Equipment available: \_\_\_\_\_
- (6) Hours of operation: \_\_\_\_\_
- (7) Towels provided: YES / NO

K. FAA/waiver:

- (1) Waiver signed: YES / NO
- (2) Congested area waiver request included in Certificate of Waiver: YES / NO
- (3) Waiver times are \_\_\_\_\_ Thursday  
\_\_\_\_\_ Friday  
\_\_\_\_\_ Saturday  
\_\_\_\_\_ Sunday
- (4) Fly a flat show with weather down to 1000/3: YES / NO
- (5) NOTAMS issued for all waived times: YES / NO
- (6) FAA representative invited to meet the team and attend the brief: YES / NO
- (7) Scheduled civilian arrival and departures de-conflicted: YES / NO
- (8) Temporary Flight Restrictions issued for all waiver times: YES / NO

L. Airfield:

- (1) Aerobatic box evacuated +/- one nautical mile of center point, and +/- 1500 feet of show line for all Blue Angel flight periods: YES / NO
  - (a) Enough security provided to sterilize the entire aerobatic box for all waived airspace times: YES / NO
- (2) Aerobatic box 3/4 NM crowd right extension: YES / NO
- (3) Waiver for 1200' show line (if applicable): YES / NO
- (4) Areas/buildings evacuated: \_\_\_\_\_
- (5) No movement; people, vehicles and crash trucks pulled back: YES / NO
- (6) Road closures: YES / NO
  - Where: \_\_\_\_\_
  - Closed for circle and arrival times **(required)**: YES / NO
  - Closed for demonstration times **(required)**: YES / NO
- (7) Center point marker identified: YES / NO
  - Description: \_\_\_\_\_
  - Keys and driver available on Narrator's arrival: YES / NO
  - In place one hour prior to show and practice: YES / NO
  - In place prior to Narrator's arrival: YES / NO
  - Oriented 90° off from showline: YES / NO
  - Placed 50' Inboard (1500' showline) or 50' Outboard (1200' showline): YES / NO
- (8) Arrival parking available: YES / NO
  - When will shift to Show parking occur (preferably after the Thursday practice):
    - (a) After Thursday circle and arrival maneuvers: YES / NO
    - (b) After Thursday practice demonstration: YES / NO
    - (c) After Friday practice demonstration: YES / NO
  - C-130 and #7 parking available: YES / NO      Location: \_\_\_\_\_
- (9) Any closed runways or taxiways: YES / NO
  - Where: \_\_\_\_\_ When: \_\_\_\_\_
- (10) Sweep area around jets before each flight: YES / NO
- (11) FOD sweeps planned after pyro/Harrier flights/etc: YES / NO
- (12) Arresting gear rig & de-rig game plan discussed with #7: YES / NO
- (13) Operations phone: \_\_\_\_\_
  - Weather phone: \_\_\_\_\_
  - FSS phone: \_\_\_\_\_



- (14) Inform tower that runway truck will follow the jets to and from the runway: YES / NO  
A Blue Angels representative will be in the tower with radio during all Blue Angels flying activities.
- (15) Blue Angels personnel will conduct a photo session for Blue Angels' guests by the jets immediately following designated practices and demonstrations on Friday and Saturday. Security briefed on maintaining crowd line integrity until complete: YES / NO
- (16) Briefing Room:  
Copy machine available: YES / NO Location: \_\_\_\_\_  
Fax machine available: YES / NO Location: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Two large garbage cans provided: YES / NO  
Computer with Internet access provided: YES / NO  
Napkins/Paper towels provided: YES / NO  
Separate room available for the Solo pilots (table & 2 chairs): YES / NO
- (17) List depicting all obstructions above 150' AGL out to 5 NM faxed to #8 30 days prior and given to #7 upon his arrival: YES / NO  
**[REQUIRED]** (these should be given in magnetic bearing / distance in nautical miles from centerpoint)
- (18) Controlled Ejection Area: Location: \_\_\_\_\_
- (19) Parking spaces reserved at briefing room and mandatory commit for all Blue Angel vehicles: YES / NO
- (20) For over-water shows:  
Prepared to set Centerpoint and Crowd Right Boat (usually NLT Thursday 0700-0800): YES / NO  
Two-way radio communication between Helicopter and boats provided: YES / NO  
Ability for boats to maintain an accurate GPS position provided: YES / NO

M. Narrator's arrival checklist:

- |   |  |
|---|--|
| (1) Waiver signed: _____                          | (8) Security point of contact: _____                 |
| (2) Show line and center point in position: _____ | (9) Briefing room set up: _____                      |
| (3) Check runway and taxiway conditions: _____    | (10) Location of crowd center point for video: _____ |
| (4) Yellow gear and smoke oil in position: _____  | (11) Arresting gear de-rigged: _____                 |
| (5) Brief tower supervisor: _____                 | (12) Directions to the hotel and commitments: _____  |
| (6) Taxi directions for Boss: _____               | (13) Cars in position (keys, maps & stickers): _____ |
| (7) Parking area marked: _____                    | (14) Brief set up for crash crew: _____              |

Show Site:

## Appendix (S)

## OBSTRUCTION CHART

**Obstructions within 5NM from center point 150' Above Ground Level (AGL) and higher. List in order from 001-360 degrees.**

[illegible]

Show Site:

Appendix (T)

### SUPPORT MANUAL COMPLIANCE CERTIFICATE

This certifies that I have read the entire Blue Angels Support Manual 2008 and will comply with all specifications mentioned within unless specifically designated in writing by the Blue Angels Events Coordinator.

Air Show Coordinator: \_\_\_\_\_

Airshow: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix (U)

(This report must be forwarded to the Blue Angel Public Affairs Office NLT 14 days after show completion.)

<u>NAME</u>	<u>AFFILIATION</u>	<u>TITLE</u>

TIME/ SPACE	REACH/ CIRCULATION	AD RATE	FEEDBACK UNITS	AD EQUIVALENCE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

[illegible][illegible]

4. Mailing Address: United States Navy Flight Demonstration Squadron  
Public Affairs Department  
390 San Carlos Road Suite A  
Pensacola, FL 32508-5508

Show Site:

4. Public Service Programming:

Media	Time	Reach	Equivalency +
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Total Ad Equivalency: \_\_\_\_\_

\* - FEEDBACK UNITS: Column inches x circulation  
-----  
1000

+ - AD EQUIVALENCY: Print - Run of paper (ROP) ad rate x inches  
Broadcast - Ad rate x time

PERSON PREPARING REPORT:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_